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MEDICAL PROGRESS.

Proceedings of the Montgomery County Medical Society, at its Quarterly Meeting, April, 1853.—The Montgomery County Medical Society met in the hall of the Norristown Hose Company on the 16th inst., at 11½ o'clock A. M. Dr. Winthrop Sargent in the chair.

Roll called. Members present—Drs. Jno. Schrack, Henry Geiger, G. W. Wimley, Wm. A. Piper, L. W. Read, Levi Oberholtzer, J. M. J. K. Reid, Hiram Corson, Wm. A. Vanbuskirk, Jno. Foulke, Benj. Johnson, Winthrop Sargent, E. K. Beaver, Wm. Corson, F. B. Poley, and Hughes.

The minutes of the previous meeting were read and adopted.

Dr. Geiger, chairman of Topographical Report Committee, announced to the Society the great delinquency of members in complying with the request of said Committee; stating that soon after their election they proceeded, in conformity to their duty, to send numerous queries to each member, and up to this date have only received answers from two physicians. Whereupon it was agreed that each member should report in ten days' time. Dr. H. Corson spoke of the propriety of having numerous other queries directed to the members, in reference to local causes of diseases, geology, &c., hoping that such questions would prove more interesting, and consequently be more readily answered.

Drs. E. K. Beaver, H. Corson, and J. Schrack were appointed a committee to audit the Treasurer's account.

Adjourned till 1½ o'clock P. M.

The Society met again at the time specified. Dr. G. W. Wimley was called upon to deliver a lecture, when, upon motion, he was excused on account of soreness of throat.

Dr. E. K. Beaver read a report from the *American Journal of Medical Science*, on Vaccination in Measles.

Dr. H. Geiger reported several cases of barrenness in women, maintaining a view

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that dysmenorrhœa was a frequent cause. In proof of this fact, several cases came under his professional charge, who laboured under this inability. In cases where diagnosis led him to suppose that the aforesaid disease depended on a rheumatic diathesis, the vol. tinct. of guaiac (Dewees) would cure his cases; whilst others, which seemed to depend upon a constriction of the cervix uteri, yielded very happily to the treatment instituted by McIntosh, which consists in dilating the parts with bougies, graduating the size until the cervix becomes flabby. In confirmation of the fact first stated, the doctor concluded by saying that, although some women were married from 10 to 12 years without offspring, after they were treated on rational principles, they were very soon among the enceinte class. Numerous cases were then adduced by the members, in which the first-named treatment was instituted with the same happy results.

Dr. Wm. Corson placed the question before the Society: Are any women known to menstruate during pregnancy? A response of the members proved it to be quite common.

Dr. H. Corson mentioned a singular case of a certain woman in his practice, who always knew the exact time when she became pregnant, and, what was stranger still, could tell the precise day of her confinement. The nurse and doctor were engaged, and a failure at the appointed time was not known. The sensations and feelings were of a strange character, not well understood by the doctor. The attention of the Society was next drawn to some anomalous symptoms of pregnancy, by Drs. Poley, Geiger, and W. Corson, morning sickness in husband and wife, &c. Whilst Dr. Poley knew a case where the husband alone was afflicted with a regular vomit every morning, for the usual length of time.

A case of mutilation and fracture of the tendo-achillis and os calcis was next reported by Dr. W. Corson, which terminated favourably under the cold-water treatment.

Dr. Piper reported a case of scirrhus of the breast, together with considerable enlargement of some of the axillary glands. The doctor performed an operation with very favourable results. Dr. P. also reported a case of a child being born without an anal opening. An operation was performed, cutting three inches through the perineal cellular tissue before he struck upon the rectum; a charpie of lint was introduced, a dose of oil given, and all was well.

Dr. Wimley reported the case of a female, who has been confined to bed for the last seven months. She complains of a very strange and peculiar sensation in the hypogastric region, chills at alternate days, sleeps and fasts by day, and *vice versa*. Pulse normal. Various views were entertained as to the nature of the case, when it was generally concluded by the members that an examination per vagina was rendered necessary, and then that she should be treated accordingly.

Dr. Wm. Corson reported very favourably of codliver oil and iodide of iron in tuberculosis. The experience of nearly all present coincided with the views of Dr. C.

Dr. H. Corson, on Medical Jurisprudence, reported three cases of death from poisoning by mushroom. Also, three cases of fractured skulls of new-born infants, without any known cause.

On motion of Dr. Schrack, a plate for the purpose of furnishing certificates of membership to each member in good standing was to be procured.

On motion of Dr. Hiram Corson, abstracts of the proceedings of this meeting shall be forwarded to the editors of the different papers in the county; also, to the *News and Library*, Philadelphia.

The list of members was then taken into consideration, which, after an animated discussion, was laid over for especial attention at the next meeting.

Dr. E. K. Beaver was appointed to deliver a lecture at the next quarterly meeting.

On motion, it was agreed to adjourn, and meet at Pottstown in July next.

E. K. BEAVER, *Secretary*.

CLINICS.

Clinical Lecture on Colic, delivered at King's College Hospital. By ROBERT B. TODD, M. D., F. R. S.—GENTLEMEN: The four cases of colic now in the house will afford us abundant material for a lecture to-day. All of these cases are good examples of the malady, and illustrate how it occurs in connection with particular states of constitution, or particular diatheses.

Now, first, let us inquire, what is colic?

It may be defined as a very painful affection, which comes on more or less rapidly or suddenly, and is caused by an abnormal action of the colon. The pain is not constant, but comes on in violent paroxysms, giving the patient the sensation of a twisting or writhing action going on in the upper part of the belly, generally about and around the navel. A good example of this griping or colicky pain, in a minor degree, is found in that which few have not experienced in their own persons, and which is produced by the influence of certain purgatives. Thus senna will occasion severe griping in many persons; a large dose of calomel, or colocynth, or aloes, or croton-oil, will also cause the same. While the pain is severe, a distinct rumbling is heard and felt by the patient, denoting that the bowel is in active movement, struggling to get rid of its contents. Under these circumstances, flatus is generated in large quantities, distending the intestine in whole or part. When it is expelled, and feces with it, relief is at once experienced; but the pain may return sooner or later with the generation of more flatus, or the accumulation of feculent matter in the bowel.

The operation of a purgative of this kind illustrates the suddenness and the rapidity of the invasion of the attack of colic. The rapid distension of the bowel provokes it to forcible and spasmodic contraction, which is antagonized by the contraction of an empty portion of bowel, but more especially, and with generally great power, by the sphincter ani. Who has not felt the agony of that mortal combat between the expulsive power of the bowel and the retentive force of the sphincter, on the issue of which hangs the safety of one's habiliment, and one's credit for propriety.

Now, very much the same powerful and painful action occurs in the bowel affected with colic. An obstacle arises to the onward passage of the intestinal contents. This is occasioned by an accumulation of matter within the bowel, or by a contracted or paralytic condition of some part of it, which, therefore, not only is unable to play its part in the general movement, but, by its failure, even creates an obstacle to the action of the bowel above, and thus excites in it forcible contractions, to overcome the obstacle. Colic, then, is a state of aggravated peristaltic action. The violent contractions of the intestine produce great pain, which will continue until the writhing action of the colon becomes sufficient to overcome the obstruction, or until the muscular action becomes so violent as to cause rupture of the bowel itself. The general event is, that the impediment to the onward passage of the contents of the intestine at length gives way; but cases have occurred where the violence of the action has been so great, and the obstruction so firm, that rupture of the colon has actually occurred, leading to extravasation of its contents into the peritoneal cavity, which soon causes death. Some years ago, we had a man in the hospital labouring under symptoms of colic and obstruction of the bowel, and for some time we failed in our attempts to relieve the patient; but at length, by dint of the administration of enemata, the obstruction gave way, an evacuation quickly followed, and, upon examination, we were surprised to find that the stool consisted entirely of dried peas, which the poor fellow had been compelled to eat for want of better food.

Should the obstruction be overcome, of course all undue action of the bowel ceases, and the patient soon gets quite well; but, if the obstruction persists, then a very serious train of symptoms ensues; the patient begins to vomit and to hiccough, and at length the bowel will empty itself through the stomach, and fecal vomiting will occur. The contents of the bowel are forced down to the obstructing point, and, being prevented from passing farther, a reflux takes place in the central part of the moving mass; and this may occur to such an extent, that a large quantity of the contents may be regurgitated through the intestine, and may ultimately reach the stomach, and be rejected by the mouth. This process is generally, but, as Dr. Brinton has ably pointed out, incorrectly termed *antiperistaltis;* a supposed condition, which certainly cannot be shown really to exist. What I have just described takes place in every case of fecal vomiting; and it is thus that this symptom occurring in connection with strangulated hernia is explained. In some instances, owing to undue dilatation of the bowel above the point of obstruction, or perhaps sometimes to an inflammatory state of the muscular coat, there is not sufficient power to cause the reflux; and thus I have seen cases of complete obstruction lasting fourteen or fifteen days, with an enormously distended abdomen, and yet without fecal, or, indeed, any vomiting.

The most common cause of colic depending upon obstruction of the colon, is fecal accumulation. The subject of it has perhaps had no evacuation from the bowels for days, or the bowels have been acting very imperfectly for some time previously; and, in consequence, a considerable accumulation of fecal matter takes place, which at length reaches such an amount as to cause obstruction. The bowel takes upon itself increased peristaltic action above the point of obstruction, and the pain characteristic of colic occurs. This condition may be properly termed "simple colic." Another form of colic which is very commonly met with in hospital practice (but happily much less frequently than formerly), is that prone to occur in connection with lead-poisoning, and hence known by the name of "lead colic;" also known by the names of "painters' colic," or "colica pictonum." It occurs among persons who are in the habit of using white lead, or some other preparations of lead, in their business, such as painters, plate-glass polishers, etc.

In persons affected with gout, dyspepsia, hypochondriasis, or hysteria, we meet with another form of colic, which may be called "gouty colic," for it bears the same characters, whether it manifests itself in patients of one or other of these diatheses.

And now to revert to the symptoms of colic. Colic is characterized by the occurrence of severe abdominal pain coming on in paroxysms. The pain sometimes becomes very severe, and then gradually subsides for a time; soon, however, another exacerbation occurs, to be succeeded in the same manner by another period of comparative ease, which is again followed by another attack of pain. The pain is situated in the epigastric and umbilical regions; it is of a writhing, twisting character, generally accompanied with more or less rumbling of wind. If you make pressure over the seat of pain, you do not in general increase the sufferings of the patient. It is true, that pressure, suddenly or abruptly applied, will sometimes increase the pain; but you will almost always find that, by moderately firm and gradually increased pressure, the pain becomes somewhat relieved. Sometimes, however, we do find that under even such pressure the pain is aggravated; and this is more frequently the case when there is a tympanitic state of the abdomen. When this is the case, the pain is often very severe, and there is considerable abdominal tenderness; so much so, as to excite fear lest there should be inflammation of the bowel or of the peritoneum. Sometimes the pain is accompanied by vomiting; but this is neither a necessary nor a constant concomitant. The attack sometimes sets in with vomiting; but, in other cases, this symptom does not occur till late, when it must be regarded as a most alarming symptom, from which we should incline to the opinion that the obstruction was of that kind which would not give way, and for the same reason we should be led to fear a fatal result. In the more violent cases, the abdominal muscles are thrown into strong contraction, and are apt to assume a rigid and knotted condition.

As I mentioned at the commencement of the lecture, there are four cases of colic now in the house. One is a case of simple colic, two are cases of lead colic, and the fourth forms a good illustration of the gouty form of the malady.

The first case, that of simple colic, presented many points which, *prima facie*, rendered the diagnosis a little obscure. The patient's name is John Selkirk (Vol. XXXIV. A. p. 36). The notes of the case have been kept by Dr. Maurice Davis. He is a native of London, and by trade a glasscutter. He has always had good health. He tells us that his bowels have always been regularly opened every day. A fortnight before his admission, he began to feel a drawing pain, which extended from the sternum almost to the middle of the abdomen. He attributed the pain to indigestion, and took no especial notice of it. There is no evidence, either from his history or from his constitution, that he was gouty, and, indeed, he had not suffered from any illness but slight dyspepsia prior to the present attack. The indigestion seems to have been due to his having eaten freely of radishes. At seven o'clock P. M., on Monday, May 26, 1851, he began to feel very ill; the pain became more intense, and spread to the back, but did not reach lower than the umbilicus; he took half an ounce of castor-oil. During the night he became worse, and in the morning the pain still continued very severe. About eight o'clock his bowels were relieved, but afterwards the pain became worse than ever, and the feeling of nausea, which he had felt from the beginning of the attack, became also aggravated. On the 27th, soon after his admission, while in a warm bath, he vomited some dark

slimy matter, and the vomiting continued at intervals until the 29th.

In consequence of the vomiting, and the bowels not having acted for some time, the first step in my examination of the belly was made, with a view to ascertain whether any form of hernia existed. I cannot too strongly impress upon you the importance of satisfying yourselves early on this head, in every case where an intestinal obstruction exists. There was no evidence of hernia; but there was a tympanitic swelling and great pain in the region of the ascending and transverse colon, and also of the left groin. The pain was aggravated by pressure.

The diagnosis in this case was at first by no means perfectly certain, and we were willing, as you will often find it necessary in dealing with cases of abdominal disease, to draw upon the results of our treatment for aid in determining the precise nature of the attack. The vomiting and tenderness of the abdomen might have been due to peritonitis, or to some affection of the stomach. But the pain was of the writhing, twisting kind, which is so apt to occur in colic. There was not enough fever for peritonitis (the pulse did not rise above 100), nor was there any obvious cause for that inflammation, unless it might be an over-distended intestine. The pain was too severe for any affection of the stomach, excepting, perhaps, gout; but the tympanitis did not properly belong to the stomach, and although he was dyspeptic and subject to attacks of flatulence, and his father had been so before him, there was nothing to prove distinctly that he was gouty. In the early treatment, I rested chiefly on the diagnosis of colic, but, in consequence of the doubt, I did not use any more severe means to provoke the bowels to act than enemata.

The whole treatment of the case, then, was this; and I think the results of it justified the diagnosis of colic from obstruction. At first, a warm bath, and a little brandy from time to time, in consequence of his prostrate condition; then a large enema of gruel, which brought away some lumps, and relieved the pain and vomiting for a little. Both soon recovered, and now twenty leeches and fomentations were applied over the painful region of the abdomen, and, to relieve pain and sickness, twenty minims of tincture of opium were given every two hours. Enemata were now again administered, which brought away feces in lumps in large quantity; after these evacuations, the pain and sickness disappeared, and did not return; and now calomel and colocynth were freely given, which acted freely on the bowels, and restored the abdomen to its natural state. He was admitted on the 27th of May, and on the 2d of June he was convalescent.

An obstruction of this kind, suffered to go on, might, by distension, cause peritonitis. And in this case there might have been incipient peritonitis, although I think there was enough to account for the pain in the flatulent distension. However this may be, it was satisfactory to know that treatment such as that adopted, namely, the combination of opium and enemata, was sufficient not only to relieve obstruction, but also to check the farther progress of peritonitis.

We now come to our second case—one of lead colic—which affords a very good illustration of this particular form of the affection. The patient's name is Hammond (Vol. XXXIII. p. 227); he is a lead-melter by trade, and 32 years of age; he is a man of very intemperate habits, being, on an average, drunk for three days in the week. The notes of the case have been kept by Dr. Bridgewater. About eight years ago he was in the hospital, under surgical treatment for retention of urine, in consequence of a fall from a plank. Subsequently, he has had no indisposition, except an occasional feeling of weakness about his stomach, until three weeks ago, when the bowels refused to act for two days, and he passed little or no water during that time. He likewise suffered from considerable pain in the belly. The history of the case and the man's occupation would at once excite suspicion of the presence of this particular form of colic. Upon examination, we found a distinctly marked blue line round his gums. This blue line, as you know, occurs in all those cases in which lead enters the system; and you may often see it form during the administration of the acetate of lead. The blue line is most distinct in those persons who have been exposed to the influence of some preparation of lead for a considerable period. It occurs on the free margin of the gum when a tooth or the stump of a tooth is present. You never find it in edentulous subjects, nor where a tooth has been lost. The presence of the blue line is an indication of the presence of lead in the system, analogous to that afforded by

salivation in the case of mercury. And it is curious that neither the blue line nor the inflammatory and ulcerative process of ptyalism shows itself in the edentulous subject.

In other points, this case exhibited the usual features of lead colic. The pain in the abdomen came on after a confined state of bowels of two days' duration; this was relieved by a dose of castor-oil; but, the bowels becoming again confined, the pain returned, and was relieved in a similar manner. On its returning, a couple of days afterwards, with sickness of stomach—which was, doubtless, partly due to a bout of drinking, which took place in the mean time—he was admitted into the hospital on the 2d of July, 1851.

In distinguishing the different forms of colic from each other, you must rely mainly upon the general history of the case. First, get a clear account of the colic, and then inquire into the previous history of the patient. If you feel certain of the presence of colic, and from the history you learn that the patient has been much in the habit of using white lead in his business, and especially if he have that valuable sign of lead-impregnation, the blue line, you may conclude that you have to deal with a case of lead colic; and this will be the more certain if, in addition to the blue line, you find that very characteristic form of paralysis of the extensor muscles of the forearm, which occurs only in persons affected by lead. In cases of lead colic, although the pain is generally severe, often agonizing, there is not usually any fever. The pulse of this patient never rose above 80, and his skin was cool; after he had been in the hospital two days, his pulse fell to 72.

This patient was treated at first with small doses of opium, to allay pain and sickness, and large enemata of warm water while in a warm bath, on the plan first suggested by Dr. Wilson, of the Middlesex Hospital. This was followed by free purging by means of colocynth and croton-oil. On the second day, he was sufficiently relieved to remove all apprehension respecting him; but the purging was kept up for some days, until all abdominal pain was completely removed.

Another case of lead colic is that of a man named Rolt, aged 35 (Vol. XXXIV. p. 87). This man is a gas-fitter; he uses white lead, and has to handle leaden pipes a good deal in his business. He was admitted June 30, 1851. From the history of the case—for the record of which I am indebted to my clinical clerk, Dr. Maurice Davis—it appears that he always enjoyed good health until two years before his admission, when he had an attack of gout. He had been twenty years following his occupation as a gas-fitter before any symptom which he could recognize of injury from lead-poisoning occurred. His first attack of lead colic was in March of this year (1851), and he was then treated in this hospital. During his convalescence from this, he was seized with gout.

Since the attack in March last, he has not been near the workshop, nor at all exposed to lead contamination, but, in consequence of being out of work, he has lived badly. A week ago, he was attacked with looseness of bowels, and severe griping pains, followed by constipation for four days. The severe pain continued, accompanied by a constant sensation of pressure across the chest. There was no tympanitis; the stomach was irritable; a well-marked blue line existed at the margin of the gums.

In this, as in the last case, the pulse, notwithstanding the severe pain, did not rise above 84. The patient was, immediately on his admission, treated by the warm bath and enema, and he got two doses of calomel and colocynth. five grains of each, with half a grain of opium, at an interval of two hours. By this treatment, the bowels were freely opened, and the pain was very speedily relieved; but it returned the next day (July 1) with considerable severity. The bath and enema were again resorted to, and colocynth and croton-oil were freely given. The bowels were thus freely opened, but the stomach became very irritable, and the patient was much troubled with nausea and vomiting. For these, and for the abdominal pain, which did not immediately subside, opiates were given, and fomentations applied to the abdomen.

On the fourth day of this treatment, the bowels having been freely opened, and the abdominal pain relieved, gout showed itself in the right wrist and elbow, which became swollen and painful, and, in two days more, the left elbow and wrist were similarly seized. Under the continued use of opiates, blisters to the joints, and cotton wool around them, this attack subsided in seven or eight days, and in a few days more the patient left the hospital.

There are two peculiar features in this case. The one, that diarrhœa was the fore-

runner of the attack. It is not improbable that this diarrhœa may have been caused by an overdistended colon. The other is, the development of gouty inflammation of the joints, just as the colic was passing off. Upon this latter affection, I shall trouble you with a few remarks.

Several years ago, in 1843, I directed attention to the liability of persons of gouty constitution, whether they had had previous attacks of gout or not, to the development of the gouty paroxysm, when reduced by some exhausting disease, or by some other cause. It is very common after lead colic. The intemperate manner of life of house-painters, who are the most frequent subjects of this form of colic, exposes them very much to the causes which produce gout. But you may see it in the stage of convalescence after fever, after severe accidents, after surgical operations, after pneumonia or pleurisy. When I first called attention, ten years ago, to the occurrence of gout under these circumstances, I adduced it as an argument against excessive antiphlogistic treatment, especially in persons of the gouty diathesis. And, in a large experience during the period which has since elapsed, I have had the fullest confirmation of my views.

You will have remarked that Hammond did not very quickly lose his colicky pains, and that it was not for some days after the bowels had been freely acted upon that the abdominal symptoms gave way; not, indeed, until gout had fully displayed itself in the joints. It is not impossible that the gouty state of this man's constitution may have kept up the irritable and painful state of the colon.

Certain it is, that in cases of gouty diathesis, where there is no contamination from lead whatever, colic is very apt to occur; and our fourth case will serve as an illustration of this.

For good notes of this case, I must again thank my clinical clerk, Dr. Bridgewater.

The patient, Richard Hall, aged 32 (Vol. XXXIII. p. 225), a carpenter, was admitted July 2, 1851. He is a temperate man, and was always healthy, until four years before his admission, when he was attacked with gout in one great toe, which shifted rapidly from one foot to the other back again. Since that time, he has had five attacks, the last six weeks ago. He had been only just out of this fit, when the bowels became obstinately costive, and remained so for some time; and from Friday, June 28, to July 3, he had no evacuation whatever. He was admitted in this state of obstruction, suffering from severe writhing pain in the abdomen, referred chiefly to the region of the umbilicus. The abdomen here was slightly tympanitic; pressure increased the pain. The patient complained of considerable debility, and a sense of sinking. He had slight fever. P. 90. The ankles and soles of the feet were painful and weak, but not swollen. There being no hernia, and no symptom of any other abdominal mischief, the case was regarded as colic from obstruction, and so treated.

On the night of his admission (July 2), he was placed in a warm bath, and had a large warm water enema in the bath. Afterwards, the belly was well fomented, and forty minims of tincture of opium were given. The enema returned without any feculent matter; but the patient was relieved for the night. Next day (3d), at noon, he took five grains of compound colocynth pill, and half a drop of croton-oil; and enemata were administered every two or three hours. After the fourth enema, a copious evacuation of old very fetid feces took place, which was quickly followed by two more. The patient felt much relieved, although still complaining of pain on pressure. A night draught was given, containing thirty minims of tincture of opium.

From the 5th to the 11th, the bowels continued to act daily without aperient medicine; but he still complained of a dragging pain in the umbilical region, and there was tenderness on pressure. On the evening of the 11th he began to complain of stiffness and soreness of the right wrist; and, on the 12th, gout had fully developed itself in that joint and in the hand. This yielded quickly to local treatment by cotton-wool and a blister. The abdominal pain and tenderness disappeared simultaneously with the development of gout in the wrist; and the patient left the hospital quite well in a few days.

In a former lecture I mentioned, that it is in cases of gout which exhibit a particular tendency to shift from one point to another, that the proneness to attack the hollow viscera or other internal organs is most to be feared. The attacks of gout, under which this patient laboured, appear to have been decidedly of this shifting character. The attack of colic followed closely upon one of these gouty paroxysms, and the affection of

the bowel did not seem fairly to subside until the gout had become re-established in one of the joints. The gouty condition, by weakening the power of the muscular coat of the intestines, favoured the accumulation of matter in the colon, which gave rise to the attack of colic.

There is an interesting analogy between the colic which is associated with gout, and that connected with lead. In both, the action of the colon is impaired by the presence of a poison, which, doubtless, affects chiefly the muscular tissue, causing a more or less paralyzed condition of it, and throwing increased work upon the bowel above. From the truly feculent nature of the evacuations, and the effects of treatment, especially the beneficial action of enemata, there can be no doubt that some part of the colon is that which is weakened by the poisonous influence, and that the augmented peristaltic action is to be found in the upper part of the colon, or in the small intestine, or probably in both.

The actual state of the bowel in these kinds of colic is a condition partly of paralysis, partly of augmented action. A portion of the bowel, we will suppose, becomes distended, partly by solid matter, partly by gas, owing to a weakened or paralyzed condition of its muscular coat. Now, the paralyzed condition of even a small portion of the intestine is tantamount to obstruction, for the paralyzed portion being unable to propel the contents farther on, permits an accumulation to take place in this situation. If we open the abdominal cavity of an animal immediately after death, we shall find that the contents of the bowel are propelled by the successive contraction of small portions of the intestinal tube. One portion contracts, and forces the contents on to the next, which, in its turn, is immediately thrown into a state of contraction, by the application of its wonted stimulus, and so the food is transmitted down the whole length of the tube. A similar phenomenon may be seen through the abdominal walls in very thin, emaciated subjects with obstructed bowels. A certain amount of dilatation seems necessary, in order to excite contraction; but if the dilatation of the intestine proceed beyond a certain point, paralysis ensues.

Colic is of not uncommon occurrence in cases of gout, and the symptoms which are manifested are very similar to those we meet with in lead colic. The most satisfactory indication of the gouty nature of colic is to be found in the rapid transference of the influence of the gouty poison from the external to the internal parts, or *vice versa*. Either gout begins in one or more joints, and flies to the bowel, or there is a severe attack of colic, which ends in articular gout. But the occurrence of colic in a person of decided gouty diathesis places the disease in the category of a gouty affection. The fact of the association of the gouty diathesis with lead colic seems to show that the two poisons may coexist in the same individual, and in such cases it would be difficult, if not impossible, to decide with certainty whether the colic results from the lead poisoning or from the presence of the gouty poison.

With regard to diagnosis, it is important to distinguish colic from certain abdominal inflammations, and also to distinguish the different forms of colic from one another. Upon this latter point, it is unnecessary for me to offer any additional remarks. The importance of a correct appreciation of the distinction between the different forms of colic will be more apparent when I come to the question of treatment.

To distinguish colic from various abdominal inflammations, and other affections, is, I need not say, of primary and paramount importance. You must distinguish it, first, from peritonitis; secondly, from ileus; thirdly, from gouty or other inflammation of the stomach; fourthly, from obstructed bowel by a mechanical cause, as intussusception; and, lastly, from certain affections of the kidney.

As to the diagnosis of colic from peritonitis, we rarely meet with peritonitis without the presence of vomiting as a more or less prominent symptom; while this symptom is absent in the greater number of cases of colic, or, if present, only continues for a short time, appearing early, and going off or coming on late. Again, in peritonitis, the abdomen is tympanitic, and the tympanitis is general; while in colic the tympanitic state, when present, is confined to a portion of the abdomen. In peritonitis, the pain is generally very much increased upon pressure, but that in colic is generally somewhat relieved by firm and gradually increased pressure. The presence of severe abdominal pain, with or without pressure, is almost a constant symptom in cases of peritonitis; although every now and then you will meet with cases of this disease in which

this symptom is absent, or manifested in a very slight degree; still, as a general rule, the pain in peritonitis, augmented by pressure, is a most characteristic symptom. The haggard expression and shrunken features constitute another mark of this terrible malady, and the feeble voice often assists us to diagnose peritonitis. In peritoneal inflammation, we almost always meet with a small rapid pulse, and fever is invariably present; while in colic the pulse is but slightly affected, and there is little or no fever.

Perhaps the most important symptom of colic is the peculiar character of the pain—a twisting, writhing, griping pain, not a burning or soreness, as in peritonitis, nor a sharp, shooting pain, fixed, and always referred to one spot. This writhing character of the pain should always be kept in view; it will especially help you in the diagnosis from ileus, from obstructed bowel, and from gout in the stomach. In the two former, the pain is often not at all a prominent symptom; it may occur early, and disappear, and the subsequent symptoms arise chiefly from the obstruction—namely, vomiting, swelled and tympanitic belly, complete stoppage in the action of the bowels. The pain of gout in the stomach is exquisite; it is distinctly referred to the stomach—a fixed severe pain in that region, with more or less sense of distension, due to the accumulation of air in the organ, which may be clearly determined by percussion. The urgency of vomiting will, of course, excite suspicion of more serious disease than colic; and the results of treatment, the persistence of the symptoms, notwithstanding the use of means calculated to act on the bowels, will indicate ileus, or obstruction from some other cause.

Symptoms like those of colic often accompany renal irritation, either from calculus or from acute inflammation. The diagnosis, under these circumstances, must rest on the history of the case, the state of the urine, and, in some degree, on the results of treatment.

And now let me conclude with a few remarks on the subject of treatment. Whether the case be one of simple colic, or gouty colic, or colic resulting from lead poisoning, you must endeavour to get the bowels to act freely. What you want is, to create a free channel through the intestine; and this you may effect by purging, and by the administration of enemata. The general plan of treatment which I commonly pursue with most cases of this kind in the hospital, is very much that which was suggested, some years ago, by Dr Wilson, of the Middlesex Hospital. We commence by putting the patient in a warm bath, and, while he is there, a warm water enema is administered; when the first enema is returned, a second quantity of warm water is forced up, so as to distend the colon; this is done several times in succession. Frequently, a cure is effected by these means without any farther treatment; but it is often necessary, in order to empty the bowels fully, to give a purgative. And that which answers best in these cases is a combination of compound extract of colocynth and croton-oil. A drachm of the former, and from one to three drops of the latter, are divided into twelve pills, and one pill is given every three hours until the bowels act. The stomach bears these small and frequently repeated doses of the oil better than a full dose administered at once, and the operation of the medicine is more effectual. With respect to antiphlogistics, the abstraction of a little blood sometimes does good in colic; but, as a general rule, you will find that bleeding only prolongs the convalescence of your patient. Leeches, also, are occasionally beneficial, in cases where there is abdominal tenderness; but the majority will not require them. You will find great benefit from the careful use of opium, in the more obstinate and complicated cases. You may give it simply to relieve pain, when that is excessive; or where there is great exhaustion, and the patient needs repose, you may give it freely to produce sleep; and, in administering it with this view, you will not find that your ultimate object will be retarded. On the contrary, the exhibition of opium often gives tone and power to the muscular coat of the bowel, and promotes the favourable action of purgatives. Moreover, opium is a valuable preservative against abdominal inflammations. Where you keep up a certain opiate influence, your patient will be less liable to peritonitis, or to enteritis. Opium also regulates and moderates the action of purgatives; and this is worth your always keeping in mind, for in the use of purgatives in cases of intestinal obstruction it is often true that "the more haste, the worst speed."

The value of opium as an adjunct to other parts of the treatment is well illustrated in the first case which I related to you. There was so much pain and sickness, that we at first relied wholly upon opiates and enemata,

and it was not for some days that purgatives were given. Without opium in this case, the patient would have but little chance, such was the exhaustion under which he suffered. After the opium, we found that purgatives acted well; and you may sometimes even combine opium with them, as with calomel and colocynth, or croton oil and colocynth. For another reason, I would caution you not to proceed too fast with purgatives in colic, or to trust to them exclusively, namely, because possibly the diagnosis may not be quite certain, and you may find that your treatment is doing harm, and increasing the patient's distress. Enemata are perfectly safe, and may be given in all doubtful cases as a preliminary step, for by this treatment you are not likely to do harm, and you may often succeed in relieving the patient without having recourse to any other mode of treatment.—*Med. Times and Gaz.* July 23, 1853.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Yellow Fever at New Orleans.—Yellow fever has prevailed for some weeks in New Orleans to a fearful extent, and is still continuing its ravages.

The following table exhibits the mortality in that city during the fourteen weeks since the outbreak of the disease. When it is considered that the entire population of the city is only about 150,000, and that at present it does not, it is said, exceed 50,000, so many having fled, an idea may be formed of the fearful ravages of the disease:—

	Yellow Fever.	Other Dis.	Total.
Week ending May 28,	1	139	140
" June 4,	1	141	142
" " 11,	4	150	154
" " 18,	7	140	147
" " 25,	9	158	167
" July 2,	25	152	177
" " 9,	59	129	188
" " 16,	204	140	344
" " 23,	429	188	617
" " 30,	692	188	880
" Aug. 6,	1036	150	1186
" " 13,	1369	163	1532
" " 20,	1421	154	1575
" " 28,	1442	186	1628
	6699	2178	8877

The following extract from an article in the *New Orleans Bulletin*, furnishes some interesting information relative to the prevalence of the yellow fever in former years:—

"The first advent of yellow fever in this city was in 1794, continuing with alternate increase and diminution to 1797. There are no records extant of the actual mortality from yellow fever alone during this period. The average population was less than ten thousand; the average mortality one in fifteen. For a number of years following, the average mortality was over five per cent. Full and accurate details of the several epidemics that have occurred have been obtained, commencing with 1817. Previous to that period, the most patient investigation and research have not been able to collect any data that can be relied upon as fully authenticated. At the time, 1817 was considered a bad year. The population was about 38,000, and the per cent. of deaths by yellow fever to the total mortality of the year was 33.86. The year 1822 was a very fatal year, and so was 1841."

In a report made by the Board of Health in 1841, the following statement is made:—

"'Of the season just past, to the 1st of November, 1325 have been reported to the Board, as victims to the *acclimating process*, out of a probable number of near 15,000 subject to it, at the commencement of the epidemic. Of this number, 561 have died at the Charity Hospital; probably near 500 have died at the other hospitals, and under the care of our charitable and benevolent associations; and the balance must be left to private practice. In saying, then, that from 10 to 12 per cent. in private, and from 30 to 40 in public and private hospitals, and under the charge of our benevolent associations, have died, probably we arrive at a fair average of the mortality, making allowance for the many that have escaped the fever in any form, with the comfortable assurance of being acclimated without risk; and it is gratifying to state, that no instance has come to the knowledge of the Board, where a second acclimation was necessary (accompanied by fever or not), unless in the interval the individual spent some winters in a more northern climate.'

The *Bulletin* gives the following additional statistics:—

"The average population in 1847, in New Orleans, was 90,000.

"The first cases of yellow fever reported

were for the week ending on the 10th of July, and the number was 5. It continued to increase slowly until the 31st of the same month, when the weekly return was 47. The total of yellow fever for the month of July in that year was 74; of other diseases, 647.

"The disease was pronounced epidemic on the 5th of August. The deaths on that day of yellow fever were 17, and from that time daily returns were published until the 22d October, when the epidemic ceased. In the month of August, the yellow fever deaths amounted to 1057; of other diseases, to 570. In September, the deaths by yellow fever were 986; by other diseases, 468. In October, up to the 22d, inclusive, the yellow fever interments were 135, and of other diseases 244; making a total for the season, from the 5th July to the 22d October, 1847, inclusive of 2,252 yellow fever interments, and 1,924 of other diseases; making a total of 4,176.

"During 1832, the highest number any one day of yellow fever was 60, and of all cases 80.

"During 1833, the largest mortality any one day was 53—no specification as to disease.

"During 1841, the highest number from yellow fever was 33, and the greatest mortality 60.

"In 1847, the highest number from yellow fever was, on the 2d September, 77, and of all diseases 95.

"In Lafayette, up to the 10th of September, the yellow fever deaths in 1847 were 316, and of all other diseases 255.

"Up to the present date, the official returns give for the present epidemic season 3,039 deaths from yellow fever, and 1,747 from other diseases; making a total of 4,786 from the 28th day of May to the 10th of August. The daily reporting commenced on the 27th of July. The most fatal day we have yet had was on the 5th instant, when the total deaths were 238, of which 208 were of yellow fever."

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Yellow Fever at Pensacola.—It is stated in a telegraphic dispatch, dated Aug. 31, that yellow fever of a most malignant type is prevailing at Pensacola.

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Yellow Fever at Natchez.—Yellow fever is now prevailing at Natchez in an epidemic form. Eleven persons died of the disease in the 60 hours ending at noon 22d Aug.

The sexton reports twelve deaths for the week ending on the 19th, seven from yellow fever, and five from other diseases, which he specifies in his report. Several of the yellow fever cases, says the *Courier*, were from abroad, while those said to have originated there, we believe, without exception, had no treatment until beyond the control of the physician.

On the 23d, a meeting of the citizens was held at the City Hall, and a committee of ten was appointed to take into consideration the condition of the sick and the poor in the city, and to report any organization they might deem necessary for the furtherance of this object, to raise the necessary funds for that purpose, and report to an adjourned meeting the next day.

The *Courier* of the 23d apologizes for being compelled to curtail its matter in consequence of the illness of the editor and one of the workmen.

On Saturday (August 21) there were six interments; on Sunday, 5; on Monday, 3; and on Tuesday, 3; equal in proportion to present population to one hundred a day in New Orleans. The disease, however, seems to prove fatal almost entirely among foreigners and others unacclimated, but chiefly among the former, though several of our oldest citizens have been seized with it. Everybody has left town that could, and but very few are left. Business is at a dead stand. But two dry goods stores were open on Main street yesterday; most of the merchants have sought temporary locations in the country and neighbouring villages.

A greater panic never occurred before, from a similar cause, among any people. Our streets look desolate, indeed. You may walk for an hour sometimes, and not meet a dozen persons.

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Yellow Fever at Vicksburg.—The Vicksburg papers of the 23d of August, state that there have been some cases of yellow fever there.

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Yellow Fever at Mobile.—Office Board of Health, Mobile, Aug. 27, 1853. Report of interments in the city of Mobile for the 24 hours ending 6 o'clock, P. M. this day:

Of yellow fever - - -	17
Of other diseases - - -	6
Total - - - -	23

Weather and Mortality in Philadelphia in July, 1853.—Several plentiful showers early in the month, relieved, in this vicinity, the drought which prevailed extensively at the time of our last report. Later in the month, rains were so abundant as to endanger disease, it was thought, in the growing crop of potatoes. The whole fall of rain for the month, as recorded at the Pennsylvania Hospital, was 6.29 inches.

The mean temperature of the month was 77.14 degrees, which is about 2 degrees above the average mean of many years, and very nearly corresponds with the mean temperature of the same month for the two preceding years.

The morning of the first was calm, with the mercury at 77, which rose to 93 at 2 P. M., with a light air from the south-east. The afternoon was nearly clear, and the heat very oppressive, till near six o'clock, when one of those gusts or wind-squalls so common in this vicinity after a very warm day, sprang up from the north-west. These squalls come over us very suddenly, are generally attended with thunder and lightning, and frequently with a shower of rain, often light, sometimes copious. These tornadoes are characterized, in the vicinity of the city, by one phenomenon which is believed to be somewhat peculiar to this locality, viz., a dark cloud of dust from the limestone covering of the turnpikes and other well-travelled roads that converge towards the city from the north and west. From this material a very light dust is formed, which rests upon the road, in dry and still weather, to the depth of one and sometimes two inches, and will hover over the shoe of a pedestrian like the lightest snow in winter.

The approach of one of these tornadoes is known by a dense, murky cloud, seen to rise hurriedly from the north-west, and often, when formerly this meteor possessed more of novelty to the writer than now, he has hastened on these occasions to the house-top, to witness its progress. The remote hills and woodlands west of the Schuylkill River would, one by one, be shut from view, as perfectly as by the most dense fog, as the tempest advanced. Often have we seen many miles of country thus veiled in a surprisingly short space of time, as the storm seemed to skip from hill to hill, and from ridge to ridge, in its progress towards the city. Our rule is to tarry on the look-out till the highlands which border the western bank of the Schuylkill are shut out; till the river (about a mile distant) and Fairmount itself are hid, and then hasten down to give warning to close doors, windows, and shutters. With this precaution, so dense is the gale with almost impalpable limestone dust, that not a naked polished surface in our dwellings but exhibits a greater or less deposit when the gale is passed; and, from the same cause, the breathings of those exposed to the blast is impeded. Everyone seeks a retreat; even the pigs, when they tenanted our streets, would run squealing to their sties, and pigeons fly wildly to their cots. The severity of the gale lasts, ordinarily, not more than ten to twenty minutes, and the dust-cloud has passed over in five to ten minutes.

The gust of the first instant was attended with thunder, but was without rain or hail, and was not unusual in severity or duration in this city; yet in New York city the hail-storm and tempest were violent and destructive. At Wilmington, Delaware, buildings were injured and trees uprooted. So in the neighbouring counties of Bucks, Montgomery, and Berks, the storm raged with great violence, injuring chiefly standing crops and orchards. Hailstones, near Shoemakerstown, completely perforated the canvass top of a carriage, and the driver of a mail-coach says the hail drew blood from his horses. In Doylestown, Bucks County, the hail is said to have been three inches in circumference. But what gives more especial interest to the tornado of the first, is the fact that its severity has caused time and place to be published in so many instances to enable us to mark its course and the rate of progress; thus, it passed over Northumberland County about 3 P. M., and over Doylestown, which is 160 miles distant in a south-east direction, at 5 P. M., travelling from the north-west 80 miles an hour, or nearly at a hurricane speed, which is 90 miles an hour.

The range of the thermometer was between 65, on the morning of the 28th, and 95, on the afternoon of the 9th, or 30 degrees.

The weekly mortality for the five weeks embraced in the month was rather high, ranging from 205 for the first week, to 265 for the last, and showing an aggregate mor-

tality for the month of 1123, which is about 200 more than for the same period last year, and more than 100 less than for the corresponding month of 1851. P. S.

Days of month.	THERMOMETER.			WIND—COURSE AND FORCE.		REMARKS.
	Sunrise.	2 P. M.	Mean.	Sunrise.	2 P. M.	
1	77	93	85	calm	S. E. 1	Clear, fair, gust from N. W. at 6 P. M., with thunder.
2	72	88	80	N. 3	S. E. 3	Cloudless.
3	72	86	79	S. 1	S. S. E. 3	Clear, fair, thundershowers in evening.
4	73	85	79	S. S. W. 2	S. W. 2	Showery night, overcast, fair.
5	75	87	81	W. 1	N. W. 3	Fair, clear, slight rain in evening.
6	71	87	79	N. W. 2	N. W. 3	Clear.
7	70	87	78½	N. by W. 3	N. 1	Cloudless.
8	68	89	78½	S. W. 1	S. W. 4	Clear.
9	75	95	85	S. W. 1½	S. W. 3	Fair, clear, Ther. 110 at 6½ P. M.
10	77	94	85½	S. W. 1	S. W. 2	Clear, thundershowers afternoon and evening.
11	72	85	78½	S. W. 1	S. W. 3	Sprinkling of rain, fair.
12	72	82	77	N. by W. 2	N. by W. 3	Cloudy, fair, clear.
13	66	82	74	N. by W. 4	N. N. W. 3	Clear, fair.
14	67	85	76	calm	S. W. 1	Cloudless, clear.
15	68	82	75	S. 1	S. 4	Fair, cloudy, overcast.
16	73	86	79½	S. 2½	S. by W. 4	Overcast, fair.
17	66	80	73	N. N. W. 4	N. W. 3	Cloudless, clear.
18	67	80	73½	N. 1	S. W. 1	Cloudless, cloudy.
19	70	81	75½	calm	S. E. 2	Cloudy, very slight showers.
20	71	80	75½	N. W. 1	N. W. 1	Cloudy (thundershower at night), fair.
21	70	73	71½	S. W. 1	E. by N. 2	Rain after 3 A. M. ending at 9½ A. M., cloudy.
22	67	83	75½	N. W. 1	N. by E. 1	Cloudy.
23	69	76	72½	N. E. 2	N. 3	Rain most of night, cloudy, fair.
24	69	86	77½	E. by S. 1	S 2	Fair, clear.
25	71	90	80½	S. by E. 3	S. 4	Cloudy, fair, rain, with thunder, evening and night.
26	70	72	71½	S. 2	S. E. 2	Rain, cloudy, more rain in the evening.
27	70	70	70	N. 2	N. 2	Hard showers of rain through the day.
28	65	79	72	N. W. 1	S. 1	Fair.
29	69	79	74	N. E. 1	S. W. 1	Foggy, cloudy.
30	72	83	77½	N. E. 1	W. 1	Foggy, a little sun through the day, rain from 7 to 9 P. M.
31	76	88	82	N. W. 1	S. W. 2	Fair, thunder and slight rain at 6 P. M.
	79.64	83.64	77.14	1.5	2.2	Monthly mean.

* This observation was at 1 P. M., or the maximum; at 2 P. M. it had fallen 10 degrees.

Medical Department of Yale College.—Dr. ELI IVES has resigned the chair of Materia Medica, and Prof. SILLIMAN that of Chemistry, in this institution. Dr. HENRY BRONSON has been appointed the successor of Dr. IVES, and Dr. B. SILLIMAN, Jr., has been elected to the chair so long and ably filled by his father.

Proceedings of the College of Physicians, of Philadelphia, in reference to the Death of Dr. Chapman.

Chamber of the College of Physicians,
Stated Meeting, August 3, 1853.

The College of Physicians of Philadelphia, through its Committee, Drs. Bell, Ruschenberger, and West, appointed for the purpose, makes the following record of its sentiments on the occasion of the death of Dr. Nathaniel Chapman, Senior Fellow of the College:—

The fulness of years and failing health of Dr. Chapman, and his consequent withdrawal from the active discharge of his professional and social duties, gave, like the twilight that precedes the gloom of night, unmistakable notice of his approaching departure. The melancholy event thus anticipated has occurred; and this College now mourns the loss of its venerated and oldest member—of him, in whom was blended the skilful physician with the kind friend, the instructive writer, and the lucid and emphatic teacher, with the paternal adviser.

The great and distinctive merits of Dr. Chapman, as Professor in that Institution with which his name was so honourably connected during nearly half a century, and in which his ascendency was so conspicuous, will doubtless be delineated in due season. They are fully appreciated by numbers in this College, who, in common with thousands from all parts of the United States, listened to his attractive prelections, and formed their medical opinions under his tuition and guidance.

Farther manifestations of his untiring zeal in fostering medical instruction were afforded by his lecture-labours, for a period of twenty years, in the Philadelphia Medical Institute, a summer school, of which he was the founder, and, from first to last, the President.

As editor and journalist, intent on disseminating medical knowledge, Dr. Chapman has strong claims on the esteem of the entire profession in the United States. The periodical created, and for several years conducted by him, still flourishes, the vehicle for a vast number of highly valuable facts, and for the advocacy of sound ethics.

Long will the name of Chapman be associated in the memory of the members of this College, and of the community in which he lived, with the amenities that give a charm and refinement to social intercourse, and with the radiant yet genial wit which illuminated and quickened into gladness all whom he approached.

How many can bear willing and grateful testimony to his generous heart and freely-giving hand, ever responsive to the calls of friendship and of charity, to the timid request of the youthful student for a temporary loan, and the faltering plea of old age for permanent support.

In commemoration of so much worth, and as an incitement to the members of this College and of the profession at large to follow in the path of their distinguished associate,

Resolved, That a bust and portrait of Dr. Chapman be procured, and placed in the chamber of the College.

The sincere and respectful condolence of the College is at the same time offered to the widow and family of the deceased under their bereavement. Also, *Resolved*, That a copy of the preceding record be communicated to Mrs. Chapman, by the present Committee.

JOHN BELL,
W. S. W. RUSCHENBERGER,
FRANCIS WEST.

On motion, the foregoing report was approved, and the resolutions contained therein adopted, and the whole directed to be published in the *American Journal of Medical Sciences* and *Medical Examiner*.

From the minutes.

D. FRANCIS CONDIE,
Secretary of the College.

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OBITUARY RECORD.—Died, at his residence in St. Louis, on the 25th of April last, WILLIAM BEAUMONT, M. D., in the 68th year of his age. Dr. Beaumont was a native of Lebanon, Connecticut, where he was born in 1785. In 1812, after studying medicine at St. Albans, Vermont, for two years, he joined the sixth infantry, with the appointment of assistant-surgeon. For more than twenty years he was a member of the medical staff of the regular army, being stationed at various points on the northern frontier, and through the war of 1812, with distinction — being present, among other occasions of interest, at the capture of Fort George, in May, 1813. In 1830, he was stationed at Jefferson Barracks, and afterwards in the Arsenal at St. Louis, taking up his residence in this city about 1834. Two or three years later, he resigned from the army, and subsequently has resided constantly in St Louis, enjoying an extensive practice and high professional reputation up to the period of his late illness.

Dr. Beaumont is widely and most honorably known in the literature of our profession by his "Physiology of Digestion and Experiments on the Gastric Juice"— based on, and containing an account of experiments conducted by himself upon a Canadian (Alexis St. Martin), whom he attended at Michilimackinac, in 1825. The work has been reprinted in Great Britain, France, and Germany, with the highest commendations from the profession, and has become an acknowledged authority in matters where speculation had hitherto taken the place of observation.

Dr. Beaumont had lived in St. Louis for many years, engaged in arduous professional duties, and wherever he was known, it was as the kind-hearted, generous gentleman. In his social relations, he was most happy, diffusing, at all times, cheerfulness and contentment to those around him.—*St. Louis Med. and Surg. Journ.*

Died, at Dubuque, Ia., on the 22d of April, Dr. G. W. RICHARDS, aged 53 years. He was for a short time connected with the Rush Medical College in Chicago, as one of its Professors, and afterwards became Professor of the Theory and Practice of Medicine in the Medical College at La Porte, Ind. At a later period, he assisted in organizing a Medical School at Rock Island, and but two weeks before his death he was elected President of the Northwestern Medical Society, organized at Dubuque. —*New York Journ. Med.* July, 1853.

FOREIGN INTELLIGENCE.

Litholiby.—Dr. Denamiel has read before the Academie des Sciences, of Paris, a memoir upon Litholiby (λίθος, stone; θλίβω, to crush); by which term he designates an operation consisting in the crushing of the stone, as it lies in the trigon vesicæ, behind the prostate, between an instrument introduced by the urethra into the bladder, and the fore and middle fingers of the left hand, introduced per anum. He affirms that some calculi are so friable as to break under the least pressure; that the trigon vesicæ, where free calculi generally lie, is accessible to the finger introduced into the rectum; and that a sound passed into the bladder may serve as the *point d'appui*. He also states that the action of alkaline fluids upon the mucus, which forms the common cement of the elements of calculi, leads to the disintegration of the mass, whatever may be the chemical composition of the layers which compose it.

The distance from the integument to the neck of the bladder is commonly 2¼ inches; it varies between 1 inch and 4 inches. The prostate gland and the trigon vesicæ are separated from the rectum by only a very thin layer of areolar tissue, in which fat is never deposited; consequently, any hard body may be easily felt and compressed.

The patient, having the bladder moderately distended, is put into the horizontal position, upon a properly constructed bed; the thighs separated and raised; the feet resting upon chairs. The left fore and middle fingers of the operator are then introduced into the rectum, and the stone is felt. A curved sound, grooved upon its convexity, as far as its vesical extremity, that it may the more readily hold the stone, is next passed into the bladder. Then pressure is made, until the calculus gives way. In many cases, a very slight amount will suffice. Should any difficulty arise, the pressure may be directed alternately towards the right or the left, that every part of the surface of the stone may be acted upon. In cases where the calculi are hard, several sittings are required; and the use of alkaline fluids becomes needed, to favour their disintegration. A quantity of warm water should be injected into the bladder after each operation, that the smaller fragments may be immediately washed away.—*Medical Times and Gazette*, Aug. 20.

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External Application of Atropia in Neuralgia. By LUIGI CROSIO.—In four cases of severe neuralgia—trigeminal, supraorbital, brachial, and ischiatic—in which other remedies had failed, the external application of atropia effected a speedy cure. One gramme of atropia, dissolved in spirit and mixed with a drachm of fat, was rubbed into a surface of integument excoriated by a blister. There were symptoms of intoxication in one case only. Upon the second day, in each case, the pupils were dilated, the skin hot and dry, the head oppressed. All objects appeared small and confused, and the patients feared to become blind. As these sensations subsided, the neuralgic pains disappeared. Care was taken that the brain became not too much affected.—*Ibid.* from *Gazz. Lomb.* 1852.

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Aneurism of the Gluteal Artery.—Ligature of the Common Iliac. By Professor C. W. F. UHDE.—A smith, aged 26, for five years subject to rheumatism, complained of severe pain in the left thigh of fourteen days' duration. The author found a tense, painless, elastic, and pulsating swelling in the buttock above the trochanter. Having, upon examination, arrived at the conclusion that it was an aneurism, Professor Uhde proceeded to tie the common iliac artery (October 7) in the usual manner. The patient died October 11, four days afterwards.

Examination of the Body.—Wound healthy; the peritoneum in the neighbourhood covered with a thin layer of lymph. The areolar tissue around the iliac vessels infiltrated with pus. The gluteal artery within the pelvis exhibited a marked dilatation. The gluteus medius muscle ap-

peared like a dark-coloured bladder full of blood, and it formed the outer wall of the sac, which contained four ounces of coagulum.

The author relates ten cases of gluteal aneurism; eight in men, two in women, the patients' ages varying from 17 to 60. The causes assigned were—a stab, disease following drunkenness, rheumatism, severe labour, straining, injury to the hip. In three cases, no cause was given. In five cases, an operation was successful; five patients died. The gluteal artery itself was tied three times, the internal iliac six times, and the common iliac once. The common iliac artery, has been tied, according to the author, about eighteen times, for various accidents and diseases. In six cases, the patients recovered; in the others, death ensued in periods varying from two hours to eight months.—*Ibid.* from *Deutsche Klin.* 1853.

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The Aquatic Vivarium, Regent's Park.—On the borders of the flower-bed, in the Zoological Gardens, Regent's Park, has been constructed, of glass and iron, a building 60 by 20 feet in area, containing 14 6 feet tanks of plate glass. Of these, six are ready for exhibition. They inclose masses of sand, rock, gravel, corallines, sea-weed, and sea-water; and are abundantly stocked with crustacea, star-fish, sea-eggs, actinias, ascidians, shelled and shelless molluscs, and fish of the genera *gasterosteus labrus, crenilabrus, blennius, gobius,* and *cottus.* The *alæ,* which serve at once as ornaments and shelter for the animals, and as purifiers of the water, appear to bear their new situation as well as the lively zoophytes, and no difficulty has presented itself, so far, to the conservation of both. The collection is altogether from the British seas, but the building is so constructed as to be capable of being enlarged, and the Society does not despair of exhibiting some of the more striking tropical and intertropical forms of invertebrate animals. The most complete portion of the collection are the *Actinias,* among which the specimens of *A. dianthus, parasitica, crassicornis,* are truly magnificent. The rare *Adamsia palliata, Actinia nivea,* and *A. miniata,* are also objects which merit more than passing attention. The shelled molluscs are at present indicated rather than represented; but the vivacity displayed by the *pectens* and *littorinæ* are a sufficient guarantee for what may be done with them hereafter. The star-fish appear to be rather more difficult in treatment, but among those displayed in the tank appropriated to them are two fine specimens of *palmipes membranaceus. Echini* are not unfrequent, and gorgeously coloured *ophiocomas* and *solasters* brighten up the dark stones and shaded recesses of the *algæ* with an effulgence which is irresistibly charming. A few *holothurias* complete the series of this division of the British *radiata,* which the work of Professor Edward Forbes has rendered more popularly known than any other. The *crustacea,* too, which occupy the adjoining tank, are as numerous in species as they are lively in action. The tanks, visible on both sides, afford 390 square feet of view, and contain seven tons of sea-water. Of the marine fish, of which the blennies and cotti are almost always at the bottom, it may be said that their habits are being now, for the first time, investigated with success. This exhibition of living fish and invertebrates, besides exciting much curiosity, will be of most impressive usefulness to the student, to whom they have been only known hitherto by books and dried remains.—*Med. Times and Gaz.* June 4, 1853.

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Sir Astley Cooper's Clinical Prize.—The prize of £300 has just been awarded to Henry Grey, Esq., of St. George's Hospital, for his Essay on the Spleen. We are farther given to understand, that the council has offered to print the essay, at its own cost, to mark their sense of its excellence.—*Med. Times and Gaz.* July 23.

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Consumption of Opium.—From an official report just published, it appears that during the last five months the enormous quantity of 63,354 pounds of opium have been imported into this country; the quantity for the last month was 9,699 pounds.—*Med. Times and Gaz.* July 23.

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Obituary Record.—Died suddenly on Thursday, 18th of August, at the Athenæum Club, Bransby Blake Cooper, Esq., F. R. S., Senior Surgeon to Guy's Hospital, &c. He was crossing the hall at the club, when he stopped, and called for a glass of water; before this could be brought, blood spouted from his mouth; he fell, and was almost instantly a corpse.